

June 23, 2015

Montana Healthcare Programs Notice

Nursing Facility

ICD-10 and Nursing Facility Requirements

ICD-10 is fast approaching and there will be necessary changes for those that receive Turn Around Documents (TADs) for the billing of nursing facility members. Beginning with dates of service on or after October 1, 2015, all claims must be billed with ICD-10 diagnosis codes.

The State has determined that claims should be billed with the proper ICD-10 diagnosis code. In preparation for the October 2015 date of service billing cycle, the diagnosis codes boxes will be intentionally left blank on the TADs that you receive near the end of October 2015.

When billing for dates of service on or after October 1, 2015, providers must complete the TAD and return it with new ICD-10 diagnosis codes. It will be the responsibility of each nursing facility provider to research and determine the proper ICD-10 diagnosis codes to use. To assist you, there is a free ICD-10 code look-up website: <http://www.icd10data.com/ICD10PCS/Codes>.

Once you have completed and returned your TADs with the proper ICD-10 codes for each of your members, this data will be included on your future TADs, beginning with the November billing cycle. For those who use TADs for billing nursing facility claims, this should be a one-time process if you have properly billed your October claims and we have received them by October 14, 2015.

Claim denials will occur if you leave the first/primary diagnosis code field blank or if you submit a claim with ICD-9 diagnosis codes for date of service on or after October 1, 2015. In order to avoid delays in your payments, ensure the coding is accurate.

See the screenshot below to find the diagnosis code fields on your TADs. Fill in the first diagnosis code field, and if applicable, the secondary diagnosis code field, with the appropriate ICD-10 code when billing for dates of service on or after October 1, 2015.

PATIENT: LAST NAME		FIRST	MIDDLE INITIAL	M	S	F	COUNTY	INDIVIDUAL NUMBER	AUTH.
DIAGNOSIS		DIAG. CODE XXXXXXX		DATE OF BIRTH MO. DAY YEAR		DATE ADMITTED MO. DAY YEAR		STATEMENT PERIOD FROM MO. DAY YEAR TO MO. DAY YEAR	
NEW DIAGNOSIS/RECENT COMPLICATIONS		DIAG. CODE XXXXXXX		NO. OF DAYS		LEVEL OF CARE		TOTAL CHARGES	(LESS) PERSONAL RESOURCES
PATIENT: LAST NAME		FIRST	MIDDLE INITIAL	COUNTY		INDIVIDUAL NUMBER		AUTH.	NET CHARGES

Contact Information

For claims questions or additional information, contact Provider Relations at 1-800-624-3958 (toll-free, in/out of state) or 406-442-1837 (Helena) or via e-mail at MTPRHelpdesk@xerox.com. Visit the Montana Healthcare Programs Provider Information website at <http://medicaidprovider.mt.gov/>.